

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017325
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4096

FILED APR 25 1962

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED
1
INSTEAD OF

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. Louis**

Length of stay in 15

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **MARIAN HOSP.**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY

c. CITY OR TOWN **ST. Louis**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
5328 GILSON

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First **William** Middle **H.** Last **SYBERG**

4. DATE OF DEATH

Month **APRIL** Day **17** Year **1962**

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

SEPT 18, 1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or when retired)

RETIRED WORKING MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

Mo.

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRED SYBERG

13b. MOTHER'S MAIDEN NAME

MARY SWIEKE

14. NAME OF HUSBAND OR WIFE

MARGARET SYBERG (Died)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

RAY SYBERG 1817 CRITTENDEN

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Stomach

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

abstruction of Bowel

DUE TO (c)

old age 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

X

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 1-62** to **April 17-62** and last saw her alive on **April 17-62**
Death occurred at **Mountain View 10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

St. S. Pyne M.D.

22b. ADDRESS

27529 Chambers

22c. DATE SIGNED

4-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

APRIL 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

SUNSET BORIAL PARK

23d. LOCATION (City, town, or county)

ST. Louis Co.

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Rutis 2906 Sherris

25. DATE RECD. BY LOCAL REG.

APR 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

Mr. Payne
27523 Chamber
PR2-0244
130-5 9th Sunday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Barney Thompson Jr.

Licensed Embalmer No.

4861

P. O. Address

May 5, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.